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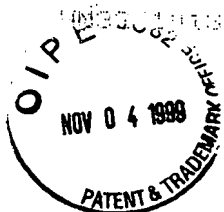
Attorney Docket No.

17810-049 (CIS-4)

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

JOHN R. ELROFT  
JOHN LEVIN  
FINANCIAL CENTER  
BOSTON MA 02111



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APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
17810-049	11/04/99	1	17810-049	11/04/99
First Named Applicant: JOHN R. ELROFT, JOHN LEVIN, FINANCIAL CENTER, BOSTON MA 02111				

TITLE OF INVENTION: Method for determining the value of a company

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
17810-049	01/01	1	17810-049		10	11/04/99

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Minister, Levin, Cohen, Fee  
Glusky and Popeo P.

2. Iron R. Elroft

3. John T. Prince

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE  
Cytotherapeutics, Inc.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)  
For George Washington Highway, Lincoln, RI 02865

Please check the appropriate assignee category indicated below (will not be printed on the patent)

- ☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

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- ☒ Advance Order - # of Copies 10

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

John Prince

(Date)

11/4/99

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